

MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/573250**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
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16		1					
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24	1						
25		1					
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27		1					
28	1						
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40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.		8		8		8	
TOTAL DEP.		4		4		4	
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51		1					
52		1					
53		1					
54		1					
55		1					
56		1					
57		1					
58		1					
59		1					
60		1					
61		1					
62		1					
63		1					
64		1					
65		1					
66		1					
67		1					
68	1	1					
69		1					
70		1					
71		1					
72		1					
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74		1					
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87		1					
88		1					
89		1					
90		1					
91		1					
92		1					
93		1					
94		1					
95		1					
96		1					
97		1					
98		1					
99		1					
100		1					
TOTAL IND.		4		4		4	
TOTAL DEP.	60	4	4	4	4	4	
TOTAL CLAIMS	64	4	4	4	4	4	